

RI-9900, APPENDIX H - AUDIT FORM

Plant/Location _____	Date _____
Equipment _____	Job ID (*Maximo#) _____ Routine _____ or Turnaround _____
Names of Auditors _____	
Housekeeping Comments _____	
Equipment Service (acid, gasoline, sour gas, steam, etc.) _____	MSDS# from JJSV _____

Complete the following questions:	Yes	No
1. Was Isolation List available and accurate for current conditions?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are all Isolation, Operator, Craft, and Personal locks properly installed?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are all tags properly filled out and attached?	<input type="checkbox"/>	<input type="checkbox"/>
4. Did employees on-site participate in a JJSV?	<input type="checkbox"/>	<input type="checkbox"/>
5. Was a JHA for each craft performed?	<input type="checkbox"/>	<input type="checkbox"/>
6. Are on-site employees aware of current hazardous conditions?	<input type="checkbox"/>	<input type="checkbox"/>
7. Was proper PPE used?	<input type="checkbox"/>	<input type="checkbox"/>
8. Did each person interviewed in the audit demonstrate a clear understanding of the LOTO process?	<input type="checkbox"/>	<input type="checkbox"/>

Explain in detail any "NO" answers. Identify using question number.

List names of people involved in this LOTO job	Craft	Company
Name _____		

Lead Auditor signature _____ Phone number _____

Copies of this audit have been distributed to the following:

Local Shift Team Leader
(name) _____

Local Maintenance Supervisor (name) _____

Safety Team Lead (name) _____

*REVISED: 12/10 (Replaces 2/10)

Certified as current and accurate: 12/10

9900-H-1

CUSA-CSB-0083830

EPA

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*Questions to ask O & M during audit:					
1.	What is the name of the individual who performed JJSV?				
2.	What is the process you are working on?				
3.	What hazards are in the surrounding area?				
4.	What is the location of safety equipment?				
5.	Show me the isolation points for this job?				
6.	Explain the specifics of this job?				
Things for auditors to look for:					
ITEMS:	Correct	Missing	Incorrect	Incomplete	N/A
▪ PPE appropriate for the job hazards.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ MSDS Reference available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Isolation List available @ Job Site / Control Rm.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Tags completely filled out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Tags placed as per RI-9900	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Locks placed as per RI-9900	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Permits posted at job site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Permits completed filled out and valid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Electrical Isolation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Overspeed trip disengaged and tagged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Blinds in place per isolation list	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Lock box on site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Housekeeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notes and comments:					